

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

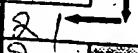
01/29/04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	2					
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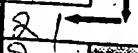
TOTAL IND.

1



TOTAL DEP.

21



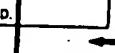
TOTAL CLAIMS

29



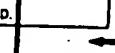
TOTAL IND.

1



TOTAL DEP.

21



TOTAL CLAIMS

29

